PART B - FEE(S) TRANSMITTAL

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JAMES C. LYDO 100 DAINGERFIE SUITE 100 ALEXANDRIA, V	LD ROAD	FEB 2 5 200	6174 - 30/4 ₀	I hereby certify the States Postal Servi addressed to the transmitted to the I	Certificate of Mailing or Transt this Fee(s) Transmittal is being ce with sufficient postage for final Stop ISSUE FEE address USPTO (703) 746-4000, on the	ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.	
02/28/2005 LWONDIM2 00000092 09847384			0,	(Depositor's name)			
1 FC:1501 1400.00 OP		MADEM				(Signature)	
AN FO-4EAL	300.00 DP 30.00 DP			<u> </u>	·-	(Date)	
03 FG:8001 APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/847,384			Jari Hovinen		TUR-106	6081	
TITLE OF INVENTION: O	LIGONUCLEOTIDE LAB	ELING REACTAN	ITS AND THEIR	USE			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	, \$1700	03/15/2005	
EXAM	IINER	ART UNIT		CLASS-SUBCLASS	\neg		
LEWIS, PA	LEWIS, PATRICK T 1623		<u> </u>	536-026600	· ·		
"Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	an assignee is identified b 37 CFR 3.11. Completion	ation form se of a Customer BE PRINTED ON Telow, no assignce of this form is NO	or agents OR, (2) the name of registered attornation of the partial of the parti	f a single firm (having ney or agent) and the retent attorneys or agents will be printed. Int or type) on the patent. If an assilling an assignment. CITY and STATE OR 6	as a member a 2anames of up to . If no name is 3signee is identified below, the	document has been filed for	
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Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
4a. The following fee(s) are enclosed: 4b Issue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)		Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of	· · · · · · · · · · · · · · · · · · ·			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $50-1258$ (enclose an extra copy of this form).			
• •	MALL ENTITY status. See	e) 37 CFR 1.27.	b. Applicant i	s no longer claiming SM	MALL ENTITY status. See 37 Coursely paid issue fee to the applicate registered attorney or agent; or the status of	CFR 1.27(g)(2).	
interest as shown by the reco	ords of the United States Pat	ent and Trademark	Office.				
Authorized Signature	Jame L Lydon				February 25, 2		
1	James C// Lyd				ion No30, 082		
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